

VA Moves To Simplify Language on Claims Decisions

WASHINGTON, D.C. – To improve communications with veterans, the Department of Veterans Affairs (VA) has told its field facilities to write decisions on applications for financial benefits with minimal jargon and legal citations.

More than 90 percent of veterans or survivors accept VA's initial decisions for disability compensation, pension, and other benefits. When a veteran writes VA that he or she disagrees with a decision, VA then supplies a more lengthy explanation, called a "statement of the case." This statement may include legal references and citations to regulations.

Under a policy enacted last year, when VA receives a letter appealing a decision, officials automatically reconsider the case. An official not previously involved in the case provides a top-to-bottom review of the claim. VA hopes that fewer claims will advance to an unnecessary appeal if VA explains clearly to veterans why an application for benefits did not meet legal requirements.

For example, for disability compensation, generally there must be evidence to show that the veteran's serious chronic condition today can be associated in some way with the time the veteran was on active duty.

Thousands of pages of laws, VA regulations, and court interpretations guide VA's regional offices in making decisions on claims. Medical judgments routinely are requested from physicians to determine the severity of a condition, and a VA claims representative must evaluate how the medical findings, records and other evidence mesh with the regulatory schedule used for disability ratings.

For more information, contact the VA Regional Office at 1 (800) 827-1000. ■

The BCMA process has drastically reduced medication errors in Veterans Affairs hospitals nationwide . . .

How Supermarket-Scanning Technology is Used to Prevent Medication Errors at the Houston VA

HOUSTON, TX - Two years ago, the Veterans Health Administration (VHA) initiated a groundbreaking step towards improving patient safety. The initiative was the introduction of the Bar Code Medication Administration (BCMA) process.

Administering medications, a significant component of delivering quality care, is a complex process, and previously, primarily paper-based. A breakdown at any step along the way could compromise patient safety.

The BCMA process consists of using a scanner, very similar to the device we see in supermarkets, to scan a patient's hospital identification (ID) band, and then scan the medications the patient is supposed to receive. This allows a nurse or other health care provider to make sure that a veteran is receiving the correct medication in the correct dose at the correct time.

The system starts when each patient entering the Houston VA Medical Center (HVAMC) is given a specialized bar-coded wristband that can transmit their relevant identifying information to the hospital computer. The next step involves a physician entering a medication order for a veteran into the computer. Technicians in the HVAMC pharmacy double-check the order and process it. The pharmacy then sends the medication to the nursing unit where the patient is receiving care. This is where a HVAMC health care provider will again verify the order, using real-time information, before finally administering the medication to his or her patient.

Many veterans, who have been hospitalized at the HVAMC in the past two years, may have noticed the carts that nurses push along the hallways. There is a laptop computer and a scanner on the top of each of these medication carts.

When a nurse comes to your room and scans your ID band, the Bar Code Medication Administration (BCMA) process is being used. This procedure has drastically reduced medication errors in every Veterans Affairs (VA) hospital.

Furthermore, VA is the first health care agency to use bar codes nationwide. Many private hospitals across the country have now followed suit.

The first version of BCMA did not incorporate all the essential steps for dispensing medications. The first version did not allow health care providers to



Using a hand-held scanner to read the bar-coded, identification wristband of veteran, Willie R. Hutcherson, Jeffery Dubea, LVN, ensures Mr. Hutcherson receives the correct medication in the correct dose at the correct time. VA's Bar Code Medication Administration is a program designed to eliminate medication errors like poor handwriting and lost paper prescriptions. If the physician cancels or changes a drug order mid-shift, the system catches the change and prevents administration of the wrong dose.

enter orders for intravenous solutions and drips. This restricted the systems usefulness in the intensive care units (ICUs).

The creators of BCMA and the members of the VA taskforce assigned to work on this project, realized these restrictions and worked to improve and enhance the system. They listened to the recommendations of pharmacists, doctors, and nurses.

The result? The HVAMC will begin using Version #2 of BCMA by November 2002. Version #2 will allow point-of-care in high-risk ICU situations.

Thanks to the BCMA system, the VHA has improved patient safety by giving nurses access to the most up-to-date medical information available; thereby, increasing the accuracy of medication administration.

Veterans, and VA employees alike, should be very proud of what the Department of Veterans Affairs is trying to achieve. Our veterans belong to a health care system that is extremely innovative, and on the frontline of research and technology. Most importantly, we place the safety of our veterans first. ■ *Jean L. Uy, RN, MSN, CCRN, CNS-CC, Education Service Line*

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Special Note:
The Vietnam Wall Experience
will visit the
Houston National Cemetery
September 13-15, 2002.
Call (281) 445-0050 for details.

Having Surgery and Want to Know What to Expect?

HOUSTON, TX - Having surgery is a very stressful event in one's life and it is our mission here at the Houston VA Medical Center (HVAMC) to make that experience as safe and comfortable as possible. It is natural to have many questions.

Inpatients

Inpatients are usually admitted the day of surgery and remain in the hospital for a few days. Occasionally, you may be admitted the day before surgery.

Outpatient Surgery/Procedure

Outpatients are admitted the day of the surgical procedure and go home the same day to recuperate in the comfort of their home. You will start with your visit to the physician in the 5C Surgery Clinics and then go to the Pre-operative Screening Clinic. Occasionally, a medical or surgical need may require an overnight stay in the hospital. If this occurs, your physician will discuss the situation with you.

Pre-Operative Screening Clinic Visit

The Pre-operative Screening Clinic (POSC) is located on the 5th floor of the HVAMC in Nursing Unit 5D. The POSC is available for all veterans scheduled for surgical procedures. The POSC Team consists of nurses, physician assistants, clerks, and a social worker. This team will answer all your questions, speed up your admission process, help

you to be better prepared for surgery, and reduce the amount of time spent in the hospital. The Pre-operative Screening Clinic Team will explain tests, procedures, post-operative care, and pain management.

In addition, the team will assist in scheduling tests or procedures that your physician has ordered. The team will also assist you in obtaining any pre-operative consultations from other sub-specialties and will assist in making return appointments and getting needed prescriptions. Please share any questions or concerns you have regarding your pre-operative preparation or anticipated home care needs, such as transportation, home care assistance, or housing. You should request to see social worker if you need assistance. This will help make your discharge home smoother.

Pre-Op Exam

Your physician or physician assistant will ask you about your medical history and do a physical exam. Routine tests may also be done to check on the state of your health. Blood tests provide information about your blood cells and body chemistry. An ECG or EKG (electrocardiogram) offers basic information about your heart and how it is working. Urinalysis (Urine Test) can help check your body chemistry and the state of your kidneys. A chest x-ray can help determine if your lungs are safe for surgery and anesthesia.



Depending on the type of surgery you have, you will be taken to one of three places after surgery to recover: the Post Anesthesia Care Unit, Surgical Intensive Care Unit, or Surgical Ambulatory Care Center. Above, Mehran Rabbar, MD, a HVAMC anesthesia resident, (far left) consults with Beverly Green-Rashad, RN, MSN, nurse executive and David H. Berger, MD, operative care line executive during rounds in the Surgical Ambulatory Care Center. The SACC is located on the 5th floor of the Houston VA Medical Center in Nursing Unit 5H.

Surgical Ambulatory Care Center

The Surgical Ambulatory Care Center (SACC) is located on the 5th floor, Nursing Unit 5H. On the day prior to surgery, a nurse from the SACC unit will call you. The nurse will go over the pre-operative instructions again with you, answer any questions you might have, and confirm with you the time you are to arrive in NU-5H for surgery.

On the day your surgery or procedure is scheduled, you will go to NU-5H and check in with the clerk. A nurse will talk to you and have you put on a gown. Please remove all jewelry and dentures. Your surgeon and anesthesiologist will visit with you before you go to the Operating Room. An intravenous line (IV) may be started to give you fluid and medication during your surgery.

Anesthesia

An anesthesiologist (the physician responsible for putting you to sleep or giving medication to block the pain) will visit with you prior to your surgical procedure and obtain a brief medical evaluation of your overall health status. At the end of the pre-anesthesia evaluation, you will be informed as to what anesthesia you will receive.

Holding Area

The Holding Area is where the surgical team makes final preparations for surgery. For your safety, you will be taken to the surgery holding area on a stretcher. The surgical team will check your chart and ask you some questions. In order to assure the correct surgery is performed, the patient, family member, or guardian will be actively engaged in identifying and marking the correct surgical site. You will stay in the holding area for your final check before going into the operating room.

Operating Room

The surgical team is made up of the surgeon, who is responsible for your overall care; the anesthesiologist and/or nurse anesthetist, who administers the anesthesia; the scrub nurse, who sets up the sterile instruments; and the circulating nurse, who oversees your nursing care.

When you get to the Operating Room, you may notice that the lights

are brighter and the temperature is cooler. The staff will be wearing green scrub suits and masks. You might also notice the OR bed is narrow with a safety belt that will be placed over your legs to prevent you from falling. These things are done to make sure your procedure will be performed in a safe environment.

Post Anesthesia Care Unit

Depending on the type of surgery you have, you will be taken to one of three places after surgery to recover: the Post Anesthesia Care Unit (PACU), Surgical Intensive Care Unit (SICU), or Surgical Ambulatory Care Center (SACC).

Your physician will meet with your family to discuss your condition after surgery and answer their questions. If you receive general anesthesia, spinal anesthesia, regional anesthesia, or IV sedation, you may be taken to the PACU after surgery. The nurse will use monitoring equipment to check your progress. The nurse will use a blood pressure cuff, a cardiac monitor (pads on the chest), and a pulse oximeter (placed on your finger to measure oxygen in your blood) to measure your vital signs. You will probably spend from one to several hours recovering in the PACU, depending on the surgery you have and anesthesia used.

Depending on the type of surgery you have, you may first be taken from the PACU to the Surgical Intensive Care Unit before being transferred to your designated unit. If you are an inpatient, you will be taken to Nursing Unit 5E or 4B.

Pain Management

It is not uncommon to have discomfort, pain, or nausea after an operation. If you are in pain, you have the right to proper pain management. Talk to your physician or nurse about it. Here's why: No one should have to live with pain. There are medications that really work. The physician or nurse can't help you unless you tell them about the pain.

This article contains just a portion of a new guide put together by the HVAMC Operative Care Line for veterans undergoing surgery. If you would like a copy of the booklet, call (713) 794-8737 or (713) 791-1414, extension 4798. ■

A Word from the Director . . .

As We Celebrate This First Patriot Day

HOUSTON, TX - A year ago on September 11, we were forever changed by the terrorist attacks against our nation. Since that time, we have mourned for the loss of so many innocent lives. We have saluted the courage of so many who lost their lives trying to rescue others. We have gone to war and witnessed our finest men and women in uniform take back Afghanistan from terrorists and return it to the people.

On the anniversary of September 11, we will remember the losses, but we will also celebrate the renewed patriotism and commitment to national purpose that resulted from that horrible act of violence. We will be reminded that freedom is not free, but paid for with vigilance and sacrifice.



Edgar L. Tucker, Medical Center Director

This first Patriot Day, we will lower the flag to half-staff to honor the loss. But we will also raise our spirits and conviction in the certain knowledge that as a nation, we will be better and stronger in the years ahead. As our veterans have shown us throughout our history, adversity brings out character, courage, and great honor.

Join with our fellow citizens on September 11 to make the first Patriot Day a fitting expression of our love for freedom, liberty, and country. ■

Heart doctors in the future will likely rely on a variety of therapies, from conventional, effective oral medications like cholesterol-lowering drugs that reduce the risk of heart attacks and death, to cutting-edge therapies like this, to treat coronary artery disease in individual patients . . .

Houston VA Medical Center In Trial of Cardiac Gene Therapy

HOUSTON, TX - An innovative gene therapy designed to grow new blood vessels in the hearts of patients with blocked coronary arteries was tested by physicians at the Houston VA Medical Center (HVAMC) for the first time on July 11 and 12, 2002. The VA doctors are part of an international team of heart specialists testing the new therapy in about 600 patients at more than 50 sites over the coming months.

A VA team led by Dr. Glenn Levine and Dr. Dieter Lubbe, interventional cardiologists, along with their catheterization lab team injected a gene called FGF-4 into the coronary arteries of three patients. It is hoped this gene will increase blood supply to parts of the heart supplied by diseased vessels, decreasing chest pains the patients experience with activity.

"We're hopeful these new vessels will increase the total amount of blood supply going to the heart muscle, and that this will relieve symptoms," said co-investigator Alvin Blaustein, MD, chief of cardiology at the HVAMC.

Blaustein said the new therapy is not intended to replace therapies such as bypass surgery or angioplasty, but may be suitable for patients who cannot receive those treatments. Some patients, for instance, are beyond help with medication, and the blockage of blood flow to their heart is too diffuse to target any particular vein with angioplasty and stenting, or surgery. Others may be too ill or their lesions are too complex to safely undergo other procedures.

The gene therapy, developed by New Jersey- and California-based Berlex Laboratories, the sponsor of the trial, uses a specially engineered gene packaged in a weakened cold virus. The virus is injected directly into a coronary artery, where it attaches to the lining of the vessel and transfers the gene into the



As part of an innovative gene therapy designed to grow new blood vessels in the hearts of patients with blocked coronary arteries, Dr. Naji Yazbek, Baylor College of Medicine fellow; Dr. Glenn N. Levine, director of the HVAMC Cardiac Catheterization Laboratory and chief of the HVAMC Cardiac Critical Care Unit; and Dr. Dieter Lubbe, assistant director of the HVAMC Cardiac Catheterization Laboratory inject a gene called FGF-4 into a coronary artery of veteran, Jere Dillon.

heart. Once inside heart cells, the gene is believed to trigger the production of a blood-vessel growth factor. It is this protein that causes the growth of new vessels to feed blood-deficient areas of the heart.

The technology is one of a handful of new gene therapies developed in recent years to treat the growing epidemic of coronary artery disease, which affects some 12 million Americans.

The disease is caused by atherosclerosis, in which arteries supplying blood to the heart are clogged by cholesterol and other substances. More than half these patients experience a heart pain known as angina. When medication and lifestyle changes fail to

ease symptoms, doctors often turn to surgery or angioplasty.

Blaustein said heart doctors in the future will likely rely on a variety of therapies, from conventional, effective oral medications like cholesterol-lowering drugs that reduce the risk of heart attacks and death, to cutting-edge therapies like this, to treat coronary artery disease in individual patients.

"For many patients a strategy that combines therapies is appropriate," Blaustein said. "Medications that treat the underlying disease will complement procedures that restore blood supply [through surgery, angioplasty]. Others might also be treated, in a selective way, with gene therapy, when we can't open these vessels because they're too small or the disease is too diffuse."

The gene-therapy patients in the trial will be followed intensively for six months, and overall, for several years. Doctors will check how much additional exercise the patients can do after treatment before developing chest pain and showing changes in their electrocardiogram. Physicians will also monitor how often the patients take nitroglycerin to quiet chest pain.

Individuals interested in participating in this study should call the HVAMC at (713) 794-7658 and leave a message.

The HVAMC boasts a surgical staff that performs over 5,000 surgical procedures each year and represents nine surgical subspecialties. These include general surgery, cardiac surgery, neurosurgery, orthopedic surgery, plastic surgery, urology surgery, vascular surgery, otolaryngology, and gynecology. The HVAMC recently accepted an award from the National Surgical Quality Improvement Program (NSQIP) for having the second lowest risk adjusted mortality rate among 123 VA Medical Centers nationwide. ■

Self-monitoring can reduce your risk of heart attack or stroke . . .

What Can I Do to Take Better Care of My Blood Pressure?

HOUSTON, TX - There's an easy answer to that: Monitor your blood pressure at home!

Your role as an active participant in your own health care is critical, particularly after you leave the Houston VA Medical Center.

Controlling your high blood pressure has been proven to substantially reduce your risk of another heart attack or stroke. Regular monitoring of your blood pressure, either at home or at a nearby drug store, can and will contribute to an even lower risk of heart attack and stroke.

Most patients visit their doctor regularly, at which time their blood pressure is routinely checked. However, your blood pressure may be higher or lower in between clinic visits and may require more frequent adjustments of blood pressure and other medications.

It is essential that you monitor your blood pressure at least three times a week, at home (if you have a blood pressure device) or at a local drug store. Be sure to record your readings in a diary, and share your diary with your doctor.

If your blood pressure at home is consistently very high, this may increase your chance of a heart attack or stroke. If it is consistently low, you might feel weak, dizzy, or lightheaded.

Next time you see your Primecare provider, ask: "What level of blood pressure should I look out for so I can contact you to let you know about it?"

Remember that you are a key participant to your own good health, especially when it comes to monitoring your blood pressure on a regular basis at home.

■ **Gabriel Habib, MD, HVAMC Associate Chief of Cardiology**

Want to Learn How to Use a Computer?

HOUSTON, TX - The Houston VA Medical Center Library offers free, introductory computer classes for our veterans. All training is one-on-one and provides hands-on assistance from a member of the library staff.

During each 30-minute session, you will learn how to establish an email account, how to search for reliable health care information, and how to use Internet search engines.

Classes are by appointment only. Call Shannon Dennis at (713) 794-7856 to schedule your training today. ■



Alvin Blaustein, MD, chief of cardiology at the HVAMC, answers a few, last minute questions from Jere Dillon, one of the first gene therapy patients at the Houston VA Medical Center. Once inside heart cells, the gene is believed to trigger the production of a blood-vessel growth factor. It is this protein that causes the growth of new vessels to feed blood-deficient areas of the heart. "We're hopeful these new vessels will increase the total amount of blood supply going to the heart muscle, and that this will relieve symptoms," said Dr. Blaustein.

We're Here to Help . . .

Cancer Support Group

Meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple and Chaplain Doug Ensinger, (713) 791-1414, ext. 5273

Pain Support Group

Meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Education Group

Meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Coping Skills Group

Meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Better Breather's Club

Meets last Wednesday, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

Meets second and fourth Thursdays, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 794-1414, ext. 4241/5254

Amputee Support Group

Meets first and third Thursdays, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-1414, ext. 3354/4218

Prostate Cancer Support Group

Meets third Thursdays, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-1414, ext. 7111

Houston's Visual Impairment Services Team provides visually impaired and blind veterans with assistance and coordination in many health care areas . . .

Visual Impairment Team Keeps An Eye on Veterans

HOUSTON, TX - Did you know that the estimated number of legally blind veterans will increase by 37 percent from 108,112 in 1995 to 147,864 by the year 2010? The number of legally blind women veterans will double over the next 15 years, from approximately 4,000 in 1995 to some 8,000 in the year 2010? The number of veterans who are legally blind and who also have a hearing impairment is expected to increase by 67 percent from an estimated 29,047 in 1995 to 48,169 veterans by the year 2010?

To understand the impact these numbers have in every day life, recent studies show that severe visual impairment and hearing impairment each may be risk factors for mortality, and together, are a known-risk factor for mortality. Age is the single best predictor of severe visual impairment. Severe visual impairment, in the absence of vision rehabilitation, restricts an individual's activities creating a disability that often isolates the person from family and society.

The Houston VA Medical Center (HVAMC) understands the importance of providing visually impaired and blind veterans with direct assistance and coordination in a variety of health care areas. The Visual Impairment Services Team (VIST) coordinates a comprehensive program for eligible veterans with serious visual restrictions. Veterans are offered the opportunity to apply for training and services that will increase their level of independence.

Nationwide, there are currently 68,710 veterans eligible for VA's Blind Rehabilitation Services (49,620 based upon service-connected status for vision loss and 19,090 based upon financial need).

The VIST, located in room 1B-304 on the first floor of the HVAMC near the pharmacy, assists with the following health topics: health care, personal and social adjustment issues, VA compensation and pension, orientation and mobility, communication skills, personal management, vocational training, special visual aids, and VA and non-VA referrals.

Veterans from southeast Texas requiring certain types of rehabilitation and training are sent to VA Blind Training Centers in Waco, Texas or Tucson, Arizona. These centers offer unique equipment and services such as low vision magnification devices, basic life skills training, computer training, closed circuit televisions, and mobility and travel skill training.

The Houston VIST program has referred over 110 blind veterans to the VA Blind Training Centers this year alone. HVAMC is the most active VA facility in the nation in terms of blind training referrals and new patients served. In fact, in August, Bill Johnson, the HVAMC VIST coordinator, received a national citation at the 57th annual National Blind Veterans Association Convention in San Antonio for service to blind veterans in southeast Texas.

Supporting the HVAMC VIST program is a team of health care

professionals. Dr. Silvia Orengo-Nania, HVAMC's chief of ophthalmology, heads up the medical team. Other members include the: Laura Seitz, chief of audiology; Angela Bishop, chief of prosthetics; Miguel Ortega, social work practice manager; Michelle Farrow, lead consumer affairs representative; Dr. Jarka Trojan and Dr. Charles Killingsworth, compensation and pension; Manny Lozano, VA Regional Office; and Arnette Wilson, Blinded Veterans Association.

The VIST program in Houston has grown in the last seven years from an enrollment of 330 patients to approximately 800 legally blind veterans. It is recognized as the fastest growing program in the nation and the second largest overall of the 93 existing VA VIST programs.

For more information, contact the HVAMC VIST at (713) 794-7442. ■ *Bill Johnson, HVAMC VIST Coordinator*



The Visual Impairment Services program in Houston, located in Room 1B-304 on the first floor near the pharmacy, has grown in the last seven years from an enrollment of 330 patients to approximately 800 legally blind veterans. It is recognized as the fastest growing program in the nation and the second largest overall of the 93 existing VA VIST programs. Above, Bill Johnson, HVAMC VIST coordinator, discusses a vision magnification device with veteran, Arnett Wilson.

Photo by Susan Jones, HT/ATC, Dallas Area

New copayment is expected to affect between 2,000 and 3,000 veterans currently receiving VA extended care . . .

VA Sets New Extended-Care Copayments

WASHINGTON, D.C. - Some veterans without service-related medical problems will be charged new copayments for extended care, the Secretary of the Department of Veterans Affairs (VA) announced in July. The copayments will be individually calculated and based on the veteran's ability to pay.

"VA was mandated by Congress in the Millennium Health Care and Benefits Act to initiate extended-care copayments," said Secretary of Veterans Affairs Anthony J. Principi. "However, we wanted to ensure that each veteran's situation was evaluated so that none suffered financial hardship."

The new copayment is expected to affect between 2,000 and 3,000 veterans currently receiving VA extended care. Copayments will be individually tailored to the economic situation of veterans and their families.

The following veterans will not be required to make extended-care copayments:

- ✓ Veterans with any compensable service-connected disability.
- ✓ Veterans whose incomes are below the VA single pension level of \$9,556.
- ✓ Veterans who have received extended care from VA continuously since November 1999.

Currently, higher income, non-service-connected veterans pay \$5 per day, plus \$812 (the Medicare deductible) for each 90 days of nursing home care. Billing for the new copayments will begin the end of July 2002.

Under the new regulations, veterans will get the first 21 days of care free in any 12-month period.

After that, the maximum that veterans could pay is:

- ✓ \$97 for each day of nursing home care.
- ✓ \$15 for each day of adult day health care.
- ✓ \$5 for each day of domiciliary care.

- ✓ \$97 for each day of institutional respite care.
- ✓ \$15 for each day of non-institutional respite care.

- ✓ \$97 for each day of institutional geriatric evaluation.
- ✓ \$15 for each day of non-institutional geriatric evaluation.

A complex formula will enable VA to individualize the copayments, with amounts varying from veteran to veteran. Among the factors used to determine the copayment will be the veteran's income, expenses and assets, as well as a daily \$20 allowance.

For example, a veteran will be allowed to keep enough money to pay the mortgage or rent on a home, land, farm or ranch; to pay for an automobile, education, utilities, taxes and insurance; plus a daily \$20 allowance each for the veteran and spouse.

After the first 21 days of care, which are free, veterans will make predeter-

mined, individual copayments. These could vary from the maximum of \$97 a day to as little as \$97 a month, depending on the veteran's assets and expenses.

"This personalized touch will cushion the impact of extended-care copayments on veterans and their families. Additionally, we hope that the new copayments will permit us to extend care to many more veterans," said Principi.

Principi added that the new regulations also expand VA's medical benefits package to include outpatient geriatric evaluation, adult day health care, and respite care.

"All of these measures are part of VA's commitment to provide a treatment plan customized to each veteran's health care needs," the Secretary added. "Veterans will have access to a continuum of care delivered in the most appropriate setting, without devastating the family financially." ■

Magazine Lists Houston VA Docs as Top in Houston

HOUSTON, TX – Did you know the August issue of *Inside Houston* magazine listed 30 Houston VA Medical Center (HVAMC) physicians as some of the best doctors in Houston?

Inside Houston pulled the names from “Best Doctors”, Inc. of Boston, Massachusetts and Aiken, South Carolina, a global source of information concerning the best medical care in the United States and around the world. For over a decade, this company has been conducting the largest independent surveys of the medical profession to identify the doctors that other doctors consider to be the best in their specialties. The Best Doctors surveys also identify outstanding local primary care physicians.

These HVAMC physicians are listed as the best in their field in Houston:

Horacio Adrogué, M.D.
Chief, Renal Service
Medical Care Line

Eugene L. Alford, M.D.
Staff Physician and Consultant
Operative Care Line

David Baskin, M.D.
Staff Physician
Operative Care Line

Milton Boniuk, M.D.
Staff Physician
Eye Care Line

Timothy Boone, M.D.
Staff Physician
Operative & Spinal Cord Injury
Care Lines

Blase Carabello, M.D.
Medical Care Line Executive

Glenn R. Cunningham, M.D.
Research Service Line Executive

Rabih Darouiche, M.D.
Staff Physician
Spinal Cord Injury &
Medical Care Lines

Donald Donovan, M.D.
Staff Physician
Operative Care Line

David Graham, M.D.
Chief, Digestive Disease Section
Medical Care Line

Ronald L. Gross, M.D.
Staff Physician and Consultant
Operative Care Line

Richard Hamill, M.D.
Staff Physician
Infectious Disease Section
Medical Care Line

Michael Heggeness, M.D.
Orthopedic Physician
and Consultant
Operative & Spinal Cord Injury
Care Lines

Helene Henson, M.D.
Staff Physician
Rehabilitation Care Line



Listed as one of the best doctors in Houston in the field of endocrinology and metabolism, Dr. Glenn R. Cunningham examines veteran, Whit Brown, during a recent hospital stay. Dr. Cunningham is not only the Houston VA Medical Center's research service line executive, but also an attending physician at the hospital. He is professor and vice chairman for research, Department of Medicine, and professor of molecular and cellular biology, Baylor College of Medicine. He received his B.A. with Honors from the University of Oklahoma and his M.D. from the University of Oklahoma Medical School. He received his training in internal medicine and endocrinology at Duke Medical Center. Dr. Cunningham previously served as chief of endocrinology at the Houston VA Medical Center and at Baylor College of Medicine. He is board certified in internal medicine, and endocrinology and metabolism.

Eric R. Holz, M.D.
Staff Physician and Consultant
Eye Care Line

Douglas D. Koch, M.D.
Staff Physician and Consultant
Eye Care Line

Cristopher Lahart, M.D.
Staff Physician
Medical Care Line

Moise L. Levy, M.D.
Staff Physician and Consultant
Medical Care Line

Richard A. Lewis, M.D.
Staff Physician and Consultant
Eye Care Line

Kenneth Mathis, M.D.
Chief, Orthopedic Section
Operative Care Line

Alice Matoba, M.D.
Staff Ophthalmologist
Eye Care Line

Ronald Morton, M.D.
Chief, Urology Section
Operative Care Line

James B. Moseley, M.D.
Staff Physician and Consultant
Operative Care Line

Daniel Musher, M.D.
Chief, Infectious Disease Section
Medical Care Line

Josef Prchal, M.D.
Staff Physician
Medical Care Line

Theodore Rosen, M.D.
Chief, Dermatology Section
Medical Care Line

Andrew I. Schafer, M.D.
Staff Physician
Medical Care Line

Kevin M. Slawin, M.D.
Staff Physician and Consultant
Operative Care Line

John E. Wolf, M.D.
Staff Physician and Consultant
Medical Care Line

Ronald L. Young, M.D.
Staff Physician and Consultant
Operative Care Line

The 2001-2002 Best Doctors in America database, maintained by “Best Doctors” Inc., includes more than 30,000 doctors in 43 specialties and over 400 subspecialties, representing all 50 states and the District of Columbia. All listed doctors are checked for licensing and certification requirements, as well as for any disqualifying disciplinary actions.

The “Best Doctors” polling methodology is designed to mimic the informal peer-peer referral process that doctors themselves use to identify appropriate specialists for their patients.

Houston is home to some of the best doctors and medical facilities in the world, and quite a few work right here at the HVAMC. For a complete list of the best doctors in Houston according to *Inside Houston* magazine, visit their Web site at www.insidehoustonmag.com. ■ portions of this article are courtesy 'Inside Houston' magazine

Houston VA Participates in CARES

HOUSTON, TX - Phase II of the Capital Asset Realignment for Enhanced Services (CARES) process began June 6, 2002. CARES is a plan to redesign the Veterans Affairs medical system to continue to bring VA health care into the 21st century.

To accomplish this, it may be necessary nationally to shift some services and to find other uses for buildings that are not suitable for delivering modern health care.

The goal is to give veterans the care they need, when they need it, and in the most appropriate location.

The restructuring of VA health care will change only the way VA delivers care – health care services will not be reduced. These decisions will not be made lightly or in a vacuum.

There is a comprehensive 9-step process for gathering necessary data, analyzing gaps between available services and needs, and developing a plan for matching VA facilities and services with veterans' future health care needs.

As VA employees, we are dedicated to the mission of taking care of veterans. CARES will assure that we are positioned to do that now and in the future. It is too early in the 2-year process to speculate what health care realignments and enhancements will be made. You can be assured that open communication is a critical part of the CARES process.

If you have questions, comments, suggestions, or other input concerning the CARES process, please send correspondence to HVAMC, ATTN: CARES, 2002 Holcombe Blvd., Houston, TX 77030.

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Can I Receive Care from Both a VA and Community Health Care Provider?

HOUSTON, TX - Yes, but if you do, you will want to participate in VA's Co-managed Care. Co-managed Care is when you and your VA health care provider team up with your community health care provider and agree to work together and share information about your health care. This ensures that any treatments, medications, or supplies VA provides are what you need and are safe for you. VA will not reimburse you for medications you purchase at a community pharmacy.

To participate in Co-managed Care, you should ask to be assigned to a VA PrimCare Team who will monitor, diagnose, and treat your medical problems and change your treatment, if needed. You must give the VA the contact information for your community health care provider.

Please remember that the VA cannot be used only as your pharmacy. VA health care providers need to review and follow your care before prescribing medications and supplies.

For more information, ask your PrimCare Provider or pick up a copy of the Veteran Information Packet (VIP) at the Houston VA Medical Center. ■

It is important for each person to document his or her wishes in writing prior to serious illness, or physical or mental disability . . .

What is an Advance Directive?

HOUSTON, TX - Taking care of yourself and your family means making decisions about medical care while your health allows you to do so.

Although death comes to everyone, many of us tend to fear its approach and may avoid confronting the issues surrounding the end of life. Nevertheless, it is important for each person to document his or her wishes in writing prior to serious illness or physical or mental disability. Otherwise, those wishes may not be known and cannot be honored, thus creating an unnecessary burden for loved ones.

What are advance directives?

Advance directives are written instructions in the form of a living will and/or durable power of attorney for health care. Advance directives do not go into effect until the signer loses decision-making capacity.

What is a living will?

A living will (health care treatment directive) is a legal document that communicates a person's desire concerning withholding and/or withdrawing medical treatment in the event that he or she suffers from an incurable and terminal condition. Living wills outline in advance, the treatment choices and instructions to be followed by caregivers if the signer cannot take part in making health care decisions. It is called a "living will" because it must be signed with the same type of formality as a regular will, but the provisions take effect before death.

What does a living will do?

It may spell out specific measures that the person wishes, or does not wish, to have taken to extend life when he or she

is clearly dying. It may specify the use or non-use of breathing machines, feeding tubes, oxygen, intravenous fluids, or other medications. It may list specific illnesses or conditions (persistent vegetative state, coma, terminal illness with no hope of recovery or cure, end-stage dementia) under which the provisions of the living will are to go into effect.

A living will must be witnessed to be legal; therefore, a person must be competent when he or she signs it. Requirements vary from state to state, but usually the witnesses must be unrelated to the patient, cannot be creditors or heirs to the patient's estate, and cannot be the patient's doctor. It is wise to prepare a living will at a time when you are healthy, not when you have been seriously ill or are in the hospital.

Most states have laws that recognize advance directives. Not all states do; however, and living wills may not always be binding. Some states do not recognize living wills that have been drafted in other states. You need to be familiar with the laws in your state.

What is a durable power-of-attorney for health care?

A durable power-of-attorney for health care (DPAHC) designates a family member or friend to follow the person's wishes and to make medical decisions on his or her behalf should the signer lose decision-making capacity. It is more flexible and comprehensive than the living will, and is regarded by some as preferable. A durable power-of-attorney can be incorporated into a living will.

What about the legality?

For this document to be legal, the person must be competent at the time he or she signs it. Anyone with a progressive brain

disorder such as Parkinson's disease or Alzheimer's may wish to draw up the DPAHC papers early in the illness. The duty of an agent in the durable power of attorney for health care is to follow the signer's wishes. In states that recognize such documents, families and physicians cannot override a living will or the agent of a DPAHC.

Who should have a copy?

Once signed, these legal documents should be kept in a safe place, but not in a safe deposit box where they may not be accessible when they are needed. It is a good idea to discuss your wishes with your friends, family members, and your physician. Providing these individuals copies of your living will or DPAHC also is advisable. Making sure the Houston VA Medical Center (HVAMC) has a copy of the documents is very important. In that case, should you become incapacitated, others will have access to the documents that express your wishes.

Where do I get more information?

The Choice in Dying organization will provide a copy of state-specific advance directives free to anyone who contacts them. Their address is Choice in Dying, 200 Varick Street, New York, NY 10014. Their telephone number is 1-800-989-WILL. Your state health department, local hospitals, or state bar also may be able to provide you with state specific advance directives. You may wish to consult your lawyer about advance directives and drawing up a durable power of attorney for health care or a living will and a regular will that conform to the laws in your state.

At the HVAMC, ask to speak with a social worker. These specialists can provide you with more information. ■

Eating out doesn't have to mean forgetting about nutrition. Follow these suggestions when grabbing fast food on the run . . .

Eat Heart Healthy on the Run?

forgetting about nutrition though. Here are some tips to help you make the right choices when eating away from home.

We all rely on fast-food restaurants from time to time when we are in a hurry. The key to eating healthy, when you have to yell your order into a speaker box, is to scan the menu for items that are baked or grilled, and not fried.

Grilled chicken sandwiches (when you cut the cheese and mayonnaise) are much lower in fat and calories than a fried chicken sandwich or corn-dog.

For those of you who are asking, "Where's the beef?" a small hamburger with no cheese and mustard instead of mayonnaise is a reasonable choice every now and then. Skip the fries, add a side salad, and you have yourself a much heart-healthier meal. Remember to steer clear of those double-meat cheeseburgers and "Super-Size" options.

A Big Mac has 560 calories and 31 grams of fat. A Whopper has 660 calories and 40 grams of fat. Add fries and a soda and that's nearly half the calories you need for the whole day!

Many restaurant chains now offer salads and vegetable "wraps" with or

without grilled meat that can help you get those 5 fruits and vegetables per day. Be careful of salad dressings or sauces. You could easily bump your healthy salad to the calorie level of a cheeseburger if you're not careful. Choose low-fat dressings or skip them all together.

Other healthy fast food options include deli-style sandwiches made with lean meats and lots of vegetables. Again, be careful of adding cheese, dressings, or oil. A diet soda and a small bag of baked chips will help fill you up without packing on the pounds.

If dining at a "sit-down" restaurant, you have a few more options available. Choose grilled, baked, or broiled meats and vegetables.

Ask how the food is prepared, if butter or salt is added, or if you can get sauces on the side or not at all. Most restaurants will be more than happy to accommodate your requests.

Read the menu for hints on how a food is prepared. Look for terms like broiled, grilled, roasted, stir-fried, or steamed. Avoid foods described as scalloped, au gratin, creamed, battered-dipped, or fried.

A major pit-fall of some larger establishments is the bottomless bowl of chips they place on your table. Munching on chips, tortillas, and rolls before your meal is served can make it very difficult to stay on a sensible diet. Ask your waiter or waitress not to bring any appetizers before the meal.

Try to drink at least one glass of water before your food is served to curb your hunger before the food arrives. Steer clear of sodas and alcoholic beverages to cut back on calories.

Most restaurants serve you double, even triple, what would be considered a reasonable portion of food. Ask for a take-home box right away and remove half of the food from your plate. It will be much easier to fight the temptation to over-eat, and you will have a great lunch saved for tomorrow.

Remember, eating out doesn't have to be taboo if you know how to make sensible choices. ■ *Pamela Baggett, HVAMC Dietetic Intern*

HOUSTON, TX - Most of us know that a low-fat balanced diet, along with plenty of exercise, is a great way to stay healthy and control our weight. Unfortunately, we also know that making good food choices isn't always as easy as it sounds.

Hectic schedules, long commutes, and lack of cooking skills can lead to frequent trips to the drive-thru or to our favorite restaurant. Eating out doesn't have to mean

HVAMC researchers are developing a blood test to predict patients who will have a cancer recurrence after surgery . . .

New Assessments and Therapies for Prostate Cancer Being Developed at Houston VA

HOUSTON, TX – Researchers at the Houston VA Medical Center (HVAMC) are taking aim at a killer – prostate cancer.

“Our research is focusing on two key areas, improvements in detection and surveillance techniques for prostate cancer and therapies for advanced disease,” said Dr. Timothy Thompson, a staff physician in the HVAMC Research Line.

Thompson and many other HVAMC researchers receive funding through a \$14 million Specialized Program for Research Excellence (SPORE) for prostate cancer awarded to Baylor by the National Cancer Institute. Thompson, who is also a professor of urology, radiology, and molecular and cellular biology at Baylor College of Medicine, directs the program.

According to the American Cancer Society, prostate cancer kills 30,000 men each year and is the second leading cause of cancer death in the United States.

One key HVAMC research activity involves the discovery and investigation of a protein, caveolin-1, related to aggressive prostate cancer.

“This protein is produced and secreted by prostate cancer that has the potential to spread throughout the body and to be resistant to any kind of hormone therapy,” Thompson said. “We are developing a blood test that can

be used to predict patients who will have a cancer recurrence after surgery.”

After further clinical studies, Thompson hopes this minimally-invasive, non-biopsy test will provide physicians and patients with more specific information about the potential risk that a prostate cancer will spread and recur. He sees this test as an additional tool that might be used in combination with the standard prostate-specific antigen (PSA) blood test.

Caveolin-1 also has potential as a molecular target for antibody therapy. Since it is secreted by aggressive prostate cancers and feeds the adjacent cells, Thompson and his HVAMC colleagues are looking at ways to interfere with that process by using an antibody.

“We have demonstrated in animals that we can suppress the metastasis, or spread, of the prostate cancer by injecting an antibody to caveolin,” said Thompson.

Another type of therapy under investigation at the HVAMC is gene immunotherapy.

“Gene immunotherapy uses the tumor as an active vaccine,” Thompson said. “If you inject the right gene or gene combination into the tumor, it will stimulate the patient’s immune system to react against the tumor. This could certainly be a big boost to treating systemic metastatic prostate cancer.”

H V A M C researchers are currently investigating various genes with the potential to not only destroy the tumor but also to generate a systemic anti-tumor immune response.

With the right gene therapy, the immune system will generate a defense against tumor cells present at the time of therapy and will continue to fight these cells any time they are encountered.

Clinical trials using gene immunotherapy will begin this year and will be open to qualified patients who received radiation therapy for prostate cancer and later experienced a rise in their PSA reading.

“These trials will utilize a gene that is a good tumor killer and also is quite potent as an immune system stimulator,” Thompson said. “A gene discovered in our SPORE program may be even more powerful.”



Prostate cancer survivor, Benjamin Muller, discusses prostate cancer with Lisa Jean Cole, PA-C, HVAMC physician assistant during a follow-up appointment. Mr. Muller encourages all veterans to be screened for prostate cancer and to talk openly with their Primecare Provider about the disease. Prostate cancer kills 30,000 people each year and is the second leading cause of cancer death in the United States.

Researchers at the HVAMC are making a major contribution to the Specialized Program for Research Excellence for prostate cancer, Thompson says. “The research involves basic scientists and clinicians in an environment where they can work together to solve health problems. I think the payoff for patients will be major improvements to detection and treatment of prostate cancer.” ■ Katherine Hoffman, HVAMC Research and Development

Medical research into allergic responses and inflammation likened to auto mechanics . . .

Houston VA Researchers Demystifying Cell Linked to Allergy, Inflammation, and Fighting Infection

HOUSTON, TX - Dr. Roberto Adachi likens his lab’s work to learning how a car engine functions. Although in this case, he wants to make part of the engine stop working.

Adachi, a staff physician in pulmonary and critical care medicine at the Houston Veterans Affairs Medical Center (HVAMC), is studying the inner workings of the mast cell.

This cell is known to be involved in all allergic responses and inflammation. To its credit, the mast cell also is important in the body’s defense against bacterial infection.

“We are looking for a way to retain the cell’s ability to fight infection while shutting down the parts responsible for allergy and inflammation,” said Adachi, also an assistant professor of medicine at Baylor College of Medicine. “Like working on an engine, it is a process of first understanding each individual part, then learning how the parts work together, and finally determining how you can change the way it works.”

Mast cells play a role in skin and food allergies, asthma, and fatal allergic reactions and have been implicated in

rheumatoid arthritis, scleroderma, and forms of vasculitis. Originating in the bone marrow, they migrate to tissues all over the body.

The cells reside in the tissues until stimulated during allergic reactions or in response to injury. Each cell is packed with granules that contain many inflammatory mediators.

“Once activated, the cells have three responses,” Adachi said. “They produce lipid mediators involved in allergy and inflammation, and cytokines that call the inflammatory cells to the site. The third action is called degranulation, a dumping of the inflammatory mediators stored in the granules into the surrounding tissues.”

Adachi’s lab at the HVAMC is exploring the degranulation process in hopes of shutting it down. He believes degranulation is responsible for the bad effects of mast cells.

“Since the mast cell responds in three ways simultaneously, we think if you preserve the first two, lipid mediators and cytokines, you will preserve the good part of inflammation, the defense against bacterial infection,” he said. “We believe allergies are dependent on degranulation.”

The HVAMC laboratory is looking at the final step of degranulation when the granule membrane fuses with the cell membrane and releases its contents. So far, Adachi’s laboratory has detected nine protein components of the machinery involved in the final step of degranulation.

“We have isolated each component and studied it, and now we want to know how they work together,” he said. “Our final goal is to have a mast cell that will still defend us against bacterial infection but will be unable to hurt us.”

To learn about each specific component, the lab develops “knock-out” mice. The mice are engineered to be unable to produce one of the protein components being studied.

“We compare the knock-out mouse with a normal mouse to see what effect the missing protein component has on degranulation and ability to fight infection,” Adachi said. “We want to find a component that, when missing, disables degranulation but allows bacterial defense.”

Though initial work on the mast cell’s machinery was done studying cell lines, the mice have been critical to the

research. “A cell line doesn’t have allergies, only animals and people do,” Adachi said.

For now, Adachi and his HVAMC colleagues continue the process of systematically learning the role each component plays in degranulation.

If his theory on degranulation holds true, Adachi hopes the research will lead to pharmacological interventions to block mast cell degranulation. ■ Katherine Hoffman, HVAMC Research and Development

From our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: My father is a World War II veteran who receives a monthly VA benefit check due to his hearing disability. He is now almost totally deaf. Does VA have a way for him to discuss any questions or concerns he might have about his VA benefits?
Answer: Veterans Affairs operates a service using telecommunications devices for the deaf (TDD). Your father is invited to call the VA TDD toll free telephone number, 1 (800) 829-4833, to receive assistance.

Question: How do I obtain a copy of my Report of Separation from Active Duty (DD-214)?
Answer: The Department of Veterans Affairs does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, please visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, on the Internet at www.nara.gov/regional/mpr.html.

The VA regional office, at 1-800-827-1000, can also send you the necessary request form.

Question: How can I order VA's "Federal Benefits for Veterans and Dependents" handbook?
Answer: Contact the Government Printing Office at 866-512-1800 or 202-512-1800 for mail-order information. The cost is \$5 to U.S. addresses. The handbook can be downloaded for free from the VA Web site at www.va.gov/opa/feature.

Question: How do I enroll to receive VA health benefits?
Answer: You can apply for enrollment at any VA health care facility, VA Regional Office, or Veterans Service Office, or you may apply via the Internet at www.va.gov/elig. The form you will complete to apply for enrollment is called the 10-10 EZ. We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility. If you do not have a copy of your discharge

certificate, your local VA Medical Center Enrollment Office can assist you. You will receive a letter confirming your enrollment from the Department of Veterans Affairs, Veterans Health Administration that identifies your assigned Priority Group.

Question: How can I get a VA-guaranteed home loan?
Answer: You may obtain a VA-guaranteed loan through a lender (mortgage company, bank, or savings and loan). VA's guaranty on the loan protects the lender against loss if payments are not made. The guaranty amount depends on the loan amount and whether you have previously used some entitlement.

Basic entitlement is \$36,000, but it can be increased to \$60,000 for certain loans. This means it may be possible to obtain a VA loan of up to \$240,000 depending on your income and debt level, and the appraised value of the property.

You may also use the VA home loan Web site at <http://homeloans.va.gov/veteran.htm> as a reference point on how to use the program, how to find a lender, or more specific questions you may have about the program.

Question: How can I obtain a copy of my certificate of eligibility?
Answer: VA does not keep copies of previously provided certificates, but you may apply for a new certificate of eligibility. Contact the Los Angeles Eligibility Center, P.O. Box 240097, Los Angeles, CA 90024, or call toll free at 1 (888) 487-1970.

Question: Can I use my eligibility more than once?
Answer: Yes. If the mortgage has been paid in full and you have disposed of the property, you may request a

restoration of entitlement. If the loan has been paid in full but you still own the property, you may use entitlement one additional time by requesting a one-time restoration of entitlement. If you previously used only a portion of your entitlement to purchase a home, you may be able to use the unused portion of entitlement on another home.

Question: Do you need to be a military veteran in order to purchase a home acquired by VA through foreclosure?
Answer: No. You do not need to be a veteran in order to purchase a property acquired by VA through foreclosure. Please contact a local real estate professional for more information on VA properties available in your area.

Question: Who do I call to find out about other VA benefits?
Answer: For all non-medical related VA Benefits, such as filing for service-connection or pension, educational benefits, burial benefits, home loans, or vocational rehabilitation contact the VA Regional Office at 1 (800) 827-1000.

Question: How do I make or change a doctor appointment?
Answer: If you are already enrolled in the VA Health Benefits system and you need to make or change an appointment at the Houston VA Medical Center, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137.

It is very important for you to keep your scheduled appointments. If you cannot use the slotted time, another veteran might be able to do so. If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 and reschedule.

Important VA Telephone Numbers

Houston VAMC Main Line.....	(713) 791-1414 or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985 or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550 or toll-free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342 or toll-free 1-800-209-3120
Pharmacy Refills	(713) 794-7648 or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713) 794-7883
Beaumont.....	1-800-833-7734 extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education.....	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

The Houston VA Medical Center invites you to attend the annual

POW/MIA Day Program

Honoring our Nation's Former Prisoners of War and Those Missing in Action

Special Guest Speaker -
Ron Ridgeway, Former POW in Vietnam

AH-64 "Apache" Helicopter Landing and Static Display by the Texas Army National Guard, 1st Battalion, 149th Aviation Regiment (weather & logistics permitting)

**Friday
September 20, 2002
10 a.m.
HVAMC Gymnasium**

For more information, call Public Affairs at ext. 7349.